



JUN 1 - 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Shimadzu Corporation % Mr. Randal Walker Director, National Service Shimadzu Medical Systems 20101 South Vermont Avenue TORRANCE CA 90502-1328 Re: K050925

Trade/Device Name: DAR7000 RADspeed SAFIRE

Regulation Number: 21 CFR 892.1630 Regulation Name: Electrostatic x-ray imaging system

Regulatory Class: II
Product Code: MQB

Dated: April 6, 2005 Received: April 14, 2005

Dear Mr. Walker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

TICER 892.XXXX (Nadiology)	76-0115 76-0120 76-0100
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Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Manay C. Brogdon
Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

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510(k) Number (if known): K050925 Device Name: DAR7000 RADspeed SAFIRE Indications For Use: The digital radiography unit DAR-7000 is a radiography system for a general acquisition using the flat panel sensor as X-ray detector. X-ray detector equipped with FPD (Flat Panel Detector) allows user to acquire a high-quality image. This system is designed to display digitizing the image, and to register or manipulate that image data. This unit is not used for mammography. (PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED) Concurrence of CDRH, Office of Device Evaluation (OI)E) Over-The-Counter Use **OR** Prescription Use XXXXXX (Optional Format 1-2-96) (Per 21 CFR 801.109) (Division Sign-Off)

Division of Reproductive, Abdominal,

and Radiological Devices

510(k) Number ___